

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014045

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 759

FILED MAR 18 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) KIRKWOOD		c. CITY OR TOWN Kirkwood	
Length of stay in 1b YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1021 Wood Ave		d. STREET ADDRESS (If outside, give location) 1021 Wood Ave	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELIZABETH R BAILE		4. DATE OF DEATH Mar 3, 1963.	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Chas A Stewart		13b. MOTHER'S MAIDEN NAME Susan Abington	
14. NAME OF HUSBAND OR WIFE Myers E Baile		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Myers E Baile, 1021 Wood, Kirkwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension and arteriosclerosis: DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 day Over 6 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer - old.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----		
21. I attended the deceased from December, 1962 to March 1, 1963 and last saw him alive on March 1, 1963		Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) John Carter	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	22c. DATE SIGNED 3-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/5/63	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Mo.,
24. FUNERAL DIRECTOR BOPP Chapel	ADDRESS Kirkwood, Mo.,	25. DATE RECD. BY LOCAL REG. 3-4-63	26. REGISTRAR'S SIGNATURE John E. Maffey

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

14003

240032

3

4 1

5 1

6

7 0

8 2

94201

10

11

1270-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.